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** CONTINUING DATA ***** m

This application is a CON of 10/083,167 02/26/2002 PAT 6,774,336

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** FOREIGN APPLICATIONS ***** m

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 11	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>m f m</i>	Initials <i>m</i>		

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TITLE

Tip gas distributor

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)